



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF DENTISTRY AND DENTAL HYGIENE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## APPLICATION FOR DENTAL HYGIENIST LICENSURE INSTRUCTION SHEET

### Selecting Type of Application

Apply by reciprocity if you meet both of these requirements:

- You hold a *current* Dental Hygienist license in another state or US territory, and
- You have practiced as a Dental Hygienist at least three of the past five years.

If you do not meet *both* conditions, you must apply for licensure by examination and sit for the Delaware Practical Examination in Dental Hygiene.

### Information about Required Examinations

All applicants for Dental Hygienist licensure are required to pass the Delaware Jurisprudence Written Examination. Dental Hygienists applying by examination must also pass the Delaware Practical Board Examination in dental hygiene.

- The Jurisprudence Written Examination for Dental Hygienists is a multiple-choice test consisting of 20 questions that are based on the [license law](#) and Board's [Rules and Regulations](#).
- The Practical Board Examination is offered twice a year, at the beginning of January and June. The deadlines for applications to sit for the exams are December 1 for the January exam and May 1 for the June exam. The exam is limited to 36 candidates on each date. It is important to submit your application before the deadline for the exam you want to take. For more information about the exam, click [Practical Board Examination](#).

### Applying to Take the Practical Board Examination

You must submit the documentation in this section in order to be approved to sit for the Practical Board Examination. When you've passed the exams, additional documentation is required to be considered for licensure.

- ☐ Submit completed, signed and notarized [Application for Dental Hygienist Licensure](#) by the deadline for the exam you want to take.
- ☐ Enclose payment for the following non-refundable fees by check or money order made payable to "State of Delaware." You may combine the fees in one payment.
  - ☐ [Processing fee](#)
  - ☐ [Examination fee](#) – If you fail to sit for the examinations in the month you select on the application, **you will forfeit this fee.** You cannot transfer it to the next examination date.
- ☐ If you choose to submit your application after the deadline for the exam you want to take (May 1 for the June exam or December 1 for the January exam), enclose the non-refundable [Late Exam fee](#). This fee is in addition to the processing and examination fees.
  - **You will be admitted to the exam only if a seat is still available.**
  - If no seat is available, **you will forfeit both the examination fee and late fee that you paid.** To register for the next exam date, it is not necessary to re-apply and pay the processing fee again, but you must pay the examination fee again. You cannot transfer it to a later examination date.
- ☐ Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card.
  - The Board office must receive this document by the exam deadline.
- ☐ Arrange for the Board office to receive an official transcript from your high school showing that you graduated, sent directly from the school to the Board office.
  - If you did not graduate from high school, submit a copy of your GED.
  - The Board office must receive this transcript or GED by the exam deadline.

- ☐ Arrange for the Board office to receive an official transcript from Board-approved dental hygiene program, sent directly from the school to the Board office. The transcript must show your degree and date of graduation.
  - If you have not completed your dental hygiene education when you apply, submit a letter from school officials, sent directly from the school to the Board office. It must state that you are in good academic standing and the expected date of your graduation. After you graduate, you must also arrange for the Board office to receive the official transcript, sent directly from the school to the Board office.
  - The Board office must receive one of these documents by the exam deadline.

When the deadline for the exam date passes, the Board office will mail examination packets to all candidates who applied on time and whose documentation it has received. Candidates who apply late will receive their examination packets only after the Board office confirms availability of a seat and receives all required documentation.

*You must submit the additional documentation listed below in order to be considered for licensure when you've passed the exams.* However, you may submit the documents at any time, before or after taking the exams.

- ☐ Arrange for the Board office to receive your National Dental Hygiene Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See [Score Report Request](#).
- ☐ Arrange for the Board office to receive a letter of reference attesting to your good moral character and reputation.
- ☐ Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent directly from the jurisdiction to the Board office.
- ☐ Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

### **Applying for Licensure by Reciprocity**

You may apply for licensure as a dental hygienist by reciprocity if you hold a current license in another state AND have worked as a dental hygienist three of the past five years. If you do not meet both of these conditions, you must apply for licensure as a dental hygienist by examination and sit for the Delaware Practical Examination in Dental Hygiene.

- ☐ Submit completed, signed and notarized [Application for Dental Hygienist Licensure](#).
- ☐ Enclose the [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript from Board-approved dental hygiene program, sent directly from the school to the Board office. The transcript must show your degree and date of graduation.
- ☐ Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card.
- ☐ Arrange for the Board office to receive your National Dental Hygiene Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See [Score Report Request](#).
- ☐ Arrange for the Board office to receive a letter of reference attesting to your good moral character and reputation.
- ☐ Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent directly from the jurisdiction to the Board office.
- ☐ Submit tax form W-2s or other proof that you have practiced actively for three years in another state or U.S. territory.
- ☐ Complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

When all required documentation is received and the Board has approved your application, the Board office will schedule you to sit for the Delaware Jurisprudence Written Examination. When you pass the examination, your license will be issued.



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**APPLICATION FOR DENTAL HYGIENIST LICENSURE**

**TYPE OF APPLICATION**

1. Select the type of application you are submitting:

- ☐ Reciprocity – I hold a current license in another jurisdiction and I have practiced as a Dental Hygienist for three of the past five years. Skip to the IDENTIFYING AND CONTACT INFORMATION section.
- ☐ Examination – I am applying to sit for the Dental Hygienist Practical Board Examination, and I do not meet the requirements to apply by reciprocity.

2. Check the month when you wish to sit for the Practical Board Examination:

- ☐ January – I understand that I must submit this application, the processing and examination fees, and copy of my CPR card and that the Board office must receive my high school verification and college transcript no later than the deadline of December 1.
- ☐ June – I understand that I must submit this application, the processing and examination fees, and copy of my CPR card and that the Board office must receive my high school verification and college transcript no later than the deadline of May 1.

**The examination fee you submit with this application is non-refundable and non-transferable. If you do not sit for the exam in the chosen month, you will forfeit the fee.**

**IDENTIFYING AND CONTACT INFORMATION** – All applicants complete this section.

3. Name: \_\_\_\_\_  
Last/Family Name First Middle Maiden

4. Other Name(s) Used: \_\_\_\_\_

5. Have you ever sought or been granted a dental hygienist license under another name? Yes ☐ No ☐ If yes, enter name and state where you used the name: \_\_\_\_\_

6. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐

7. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐  
• If yes, enter your SSN: \_\_\_\_\_  
• If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

8. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

9. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Daytime Home

**EDUCATION** – All applicants complete this section.

10. Enter the following information about your high school education:

Name of High School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
month/day/year month/day/year month/day/year

**Arrange for the Board office to receive your official high school transcript or verification of GED, sent *directly* from the school.**

11. Enter the following information about your dental hygiene education.

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Degree: \_\_\_\_\_  
Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
month/day/year month/day/year month/day/year

**Arrange for the Board office to receive an official transcript, sent *directly* from your dental hygiene school to the Board office. If you are applying by examination, the Board office must receive it before the exam deadline.**

**LICENSURE HISTORY** – All applicants complete this section.

12. Enter the following information about your National Board Examination:

Year Taken: \_\_\_\_\_ Score: \_\_\_\_\_

**Arrange for the Board office to receive your National Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office.**

13. Have you ever been denied a license? Yes ☐ No ☐ If yes, enter: Year Denied: \_\_\_\_\_ State: \_\_\_\_\_  
Explain why the license was denied: \_\_\_\_\_

14. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXP. DATE	STATUS (e.g., active)

**Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.**

**PRACTICE HISTORY** – *Reciprocity* applicants complete this section.

15. Complete the following table to show that you have actively practiced three of the past five years.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			FROM	TO

**Enclose Tax form W-2s documenting the periods listed above.**

**DISCLOSURES** – All applicants complete this section.

16. Have you engaged in the illegal use of controlled dangerous substances within that past two years? Yes ☐ No ☐ If yes, continue to Question 17. If no, skip to Question 18.

17. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes ☐ No ☐ If yes, explain fully: \_\_\_\_\_

18. Have you ever been denied a DEA (Narcotic) registration number? Yes ☐ No ☐ Current DEA # \_\_\_\_\_  
If yes, submit a letter explaining fully.

19. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐

**If yes, submit a letter explaining fully, and arrange for the Board office to receive state and federal criminal background checks using the *Instructions for Requesting a Criminal Background Check* included with this application.**

20. Have you ever had your professional license subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ If yes, submit a letter explaining fully. Include an official Board order or other documents.

21. Have you had any malpractice actions brought against you in the past five years? Yes ☐ No ☐ If yes, enclose a list on a separate sheet of paper. Include dates, disposition and amount of awards or settlements, if any.

22. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ If yes, submit a letter fully explaining. Include copies of all official documents or Board orders.

23. Are you physically or mentally incapable of engaging in the practice of dental hygiene according to generally accepted standards? Yes ☐ No ☐ If yes, continue with Question 24. If no, skip to the DUTY TO REPORT section.

24. Do you agree to submit to an examination to determine such capability as the Board may deem necessary? Yes ☐ No ☐

**DUTY TO REPORT**– All applicants complete this section.

25. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to self report any of the following within 30 days:

- Any arrest or the bringing of an indictment or information charging you with a crime substantially related to the practice of dentistry and dental hygiene as defined in Section 11.0 of the Board's Rules and Regulations.
- Any conviction, including any verdict of guilty or plea of guilty or no contest, of any crime substantially related to the practice of dentistry and dental hygiene as defined in the Section 11.0 of the Board's Rules and Regulations.

I certify that I have read and understand all provisions in the Delaware Dental Practice Act, including [24 Del. C. §1131](#) and the [Rules and Regulations](#) listed above, and that I understand my *duty to self report*. Yes ☐ No ☐

26. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

27. You have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
  - mentally or physically unable to engage safely in the practice of medicine
  - is excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

**To assure consideration of placement for the practical examination, the Board office must receive all of these items no later than May 1 for the June examination or December 1 for the January examination:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within six months of filing may be considered abandoned and discarded.**

**When your application is complete, please allow 4-6 weeks to receive your license.**

### **AFFIDAVIT**

I hereby apply to be considered for licensing as a Dental Hygienist by the Board of Dentistry and Dental Hygiene under the standards, qualifications and procedures established under Title 24, Chapter 11, of the *Delaware Code*. I have read the State statute governing dental hygienists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Dentistry and Dental Hygiene in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

**APPLICANT SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.**

# Instructions for Requesting a Criminal Background Check

***Both state and federal criminal background checks are required.***

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 Bay Rd. Suite 1B  
Dover, DE 19901

***Walk-ins accepted:*** Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(Between Rts. 72 and 896 on Rt. 40)  
***By appointment only***  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Delaware State Police Troop Four  
South DuPont Hwy & Shortley Rd.  
Georgetown DE 19947  
(Across from DelDOT & the State Service Ctr.)  
***By appointment only***  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned. Send the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to "Delaware State Police" to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

***DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE***



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## CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

### CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Nursing Home Administrator |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Pharmacy                   |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Texas Hold'em Dealer       |
| <input type="checkbox"/> Medical               | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> Nursing               |   |

### ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

### ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning me, including **CRIMINAL HISTORY RECORD INFORMATION** and other information of a confidential or privileged nature. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

### MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

Division of Professional Regulations  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.